

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

10593-62-044724  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Registration District No.

1003

Registrar's No.

FILED NOV 19 1962

1. PLACE OF DEATH  
2. COUNTY

St. Louis

3. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO b. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. LouisLength of stay in 1b  
1 Mo 16 days

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Louis Little Rock Hospitals, Inc.Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
820 CarrReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First Nick

Middle

Last Piazza

4. DATE OF DEATH

Month November

Day 3

Year 1962

5. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
1-9-18859. AGE (last birthday)  
77IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Pensr. Section Laborer10b. KIND OF BUSINESS OR INDUSTRY  
Railroad11. BIRTHPLACE (City and state or country)  
Italy12. CITIZEN OF WHAT COUNTRY  
Italy

13a. FATHER'S NAME

Nick Piazza

13b. MOTHER'S MAIDEN NAME

Vincenza Stelling

14. NAME OF HUSBAND OR WIFE

Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

17. INFORMANT

25 Vito Piazza 10937 So Ridgeway Chicago Ill

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE DIFFUSE PNEUMONITIS - RT. LUNG

INTERVAL BETWEEN ONSET AND DEATH  
15 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ASPIRATION OF GASTRIC CONTENT

15 DAYS

DUE TO (c)

584x Post Oper.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CHRONIC PYELONEPHRITIS - BILATERAL

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct. 12, 1962 to Nov. 2, 1962 and last saw her alive on Nov. 2, 1962

Death occurred at 6.00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Heinz Haffner M.D.

22b. ADDRESS

1755 So Grand Blvd

22c. DATE SIGNED

Shw 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov 6/62

23c. NAME OF CEMETERY OR CREMATORY

Calvary

23d. LOCATION (City, town, or county)

St. Louis, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Miceli &amp; Sons 1150 N. Kingshyway

25. DATE RECD. BY LOCAL REG.

NOV 5 1962

26. REGISTRAR'S SIGNATURE

Road Smith. H.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Anthony J. Mucchi*

Licensed Embalmer No. \_\_\_\_\_

*4122*

P. O. Address \_\_\_\_\_

*J. Harris*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.